Revised December 1974

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR 999000807 PRODUCER OF WASTE (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) ASBURY OIL CO. HUMINUM COOF AMERICA 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 Telephone Number: (213 5686141 P.O. or Contract No.: 42397333 Date: 6-2-80 Order Placed By: THEIRON State Liquid Waste Hauler's Registration No. (if applicable Type of Process No. of Loads or Trips: which Produced Wastes: AllmiNUM FAGRIC Darrels, 🛘 flatbed, 🗘 other__ (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand SIGNATURE OF AUTHORIZED AGENT AND TITLE 2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste DISPOSER OF WASTE (Must be filled by di 3. Pesticides 8. Tank bottom sediment 13. Latex waste 4. Paint sludge 9. 🗌 Qil 14. Mud and water 5. Solvent 10. Drilling mud 15. 🔲 Brine FLYMINUM OXIDES SWATE The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and Components: local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): organics (list), cyanide) Handling Method(s): ☐ recovery treatment (specify): EXAMPLES: INCINERATION, NEUTRANIZATION, PRECIPITATION) disposal (specify): pond spreading landfill injection well other (specify): If waste is held for disposal elsewhere specify final location: Disposal Date:_ Hazardous Properties of Waste I certify (or declare) under penalty of perjury that the foregoing is true and correct. ☐ flammable corrosive explosive The site operator shall submit a legible copy of each completed Record to the State Health with monthly fee reports. drums Cartons solid Physical State: Special Handling Instructions (if any) The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300 that the foregoing is true and correct. D.O.T. Proper Shipping Name_